

Item #	AZ Forms Produced (400-00-7523)
1	AZ 140
2	AZ 8453
3	AZ 140V

Item #	Changes to Federal Pats Test
1	Federal TP SSN to 400-00-7523
2	Note: Mr. Caden was an Arizona Resident upon entering the Navy
3	Dependent information SSN 400-55-3023 to 400-55-7589
4	Current W2 #1 Box 1 = \$49,600 Box 2 = \$1,200 Box 3 = \$49,600 Box 4 = \$3,075 Box 5 = \$49,600 Box 6 = \$719 Box 15 = NC to AZ Box 16 = \$49,600 Box 17 = \$451
5	Current W2 #2 Box 15 = NC to AZ
6	AZ 140 Check Payment Enclosed Clean Elections Fund Credit = \$25, amount this year Clean Elections Fund Reduction (Taxpayer) 4 month extension Amount w/extension = \$100

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

, 2005, ending

, 20

OMB. No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

L
A
B
E
L

H
O
U
S
E

Your first name and initial

Last name

TEST J

CADEN

If a joint return, spouse's first name and initial

Last name

Your social security number

400-00-7523

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

USS ROBERT E LEE

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

X

You

Spouse

Filing Status

Check only one box.

1
2
3

Single

Married filing jointly (even if only one had income)

Married filing separately. Enter spouse's SSN above and full

name here.

4

X

Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5

Qualifying widow(er) with dependent child (see page 17)

Exemptions

6 a

X Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

1

b

Spouse

No. of children on 6c who:

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 18)

JASMINE

CADEN

400-55-7589

Daughter

lived with you
did not live with you due to divorce or separation (see page 18)

1

Dependents on 6c not entered above

Add numbers on lines above

2

If more than four dependents, see page 18.

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

51,400

8a Taxable interest. Attach Schedule B if required

8a

1,049

b Tax-exempt interest. Do not include on line 8a

8b

80

9a Ordinary dividends. Attach Schedule B if required

9a

120

b Qualified dividends (see page 20)

9b

120

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

10

180

11 Alimony received

11

12,000

12 Business income or (loss). Attach Schedule C or C-EZ

12

(1,568)

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

X

13

25

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount (see page 22)

15b

16a Pensions and annuities

16a

b Taxable amount (see page 22)

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

554

18 Farm income or (loss). Attach Schedule F

18

95

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see page 24)

20b

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22

63,855

Adjusted Gross Income

23 Educator expenses (see page 26)

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

807

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page XX)

29

30 Penalty on early withdrawal of savings

30

26

31a Alimony paid b Recipient's SSN

31

32 IRA deduction (see page XX)

32

33 Student loan interest deduction (see page XX)

33

56

34 Tuition and fees deduction (see page XX)

34

35 Domestic production activities deduction. Attach Form 8903

35

9

36 Add lines 23 through 31a and 32 through 35

36

898

37 Subtract line 36 from line 22. This is your adjusted gross income

37

62,957

Tax and Credits**Standard Deduction for—**

● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

● All others:
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	62,957
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,300
41	Subtract line 40 from line 38	41	55,657
42	If line 38 is \$109,475 or less, multiply \$3,200 by the total number of exemptions claimed on line 6d. If line 38 is over \$109,475, see the worksheet on page 33	42	6,400
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	49,257
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	7,801
45	Alternative minimum tax (see page 35). Attach Form 6251	45	
46	Add lines 44 and 45	46	7,801
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 37). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	7,801

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	7,801

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,410
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election • ▶ 66b <input type="checkbox"/>		
67	Excess social security and tier 1 RRTA tax withheld (see page 54)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 54)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	1,410

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you	73a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 55	75	6,570
76	Estimated tax penalty (see page 55)	76	179

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)
▶ JOHN DOE	▶ 888-555-1111	▶ 1 1 1 2 2

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
▶		SAILOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
▶			

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

[010]AZ	[011]		[030]		[032]
[020]00561332075236		[024]	[035]		
[055]		[025]	[040]	[049]	[048]
[060]CADEN				[027]	[028]
[065]				[062]	[068]
[070]TEST	J			[074]	
[075]USS ROBERT E LEE			[120]	[125]	[126]561332
[080]			[325]		
[085]FPO			[330]		
[090]					

[095]AP			
[100]962220000000		[077]	
[105]		[087]	
[110]		[098]	

[115]	[050]		
[052]			
[150]4	[155]02	[023]RRRRRRRRRRRRRRRRR	
[160]51,400	[500]	[700]	[900]
[165]1,049	[505]	[705]	[905]
[170]80	[510]571	[710]	[910]
[175]120	[515]876	[715]	[915]
[180]180	[520]	[720]	[920]
[185]	[525]	[725]	[925]
[190]	[530]	[730]	
[195]62,957	[535]	[735]	
[200]7,300	[540]	[740]4,618	
[205]	[545]	[745]	
[350]62,957	[550]	[750]	
[355]	[555]	[755]	
[360]4,618	[560]	[760]4,618	
[365]67,575	[565]	[765]2,300	
[370]	[570]	[770]	
[375]	[575]	[775]	
[380]2,300	[580]	[780]	
[385]	[585]	[785]	
[390]	[590]	[790]	
[395]6,918	[595]876	[795]	
[400]	[600]	[800]4,618	
[405]60,657	[605]	[805]	
[410]8,250	[610]	[810]	
[415]4,200	[615]	[815]	
[420]	[620]	[820]	
[425]48,207	[625]	[825]	
[430]1,477	[630]	[830]6,918	
[435]	[635]	[835]	
[440]1,477	[640]	[840]	
[445]5	[645]	[845]	
[450]1,472	[650]	[850]	
[455]	[655]	[855]	
[460]	[660]	[860]	
[465]	[665]	[865]	
[470]25	[670]	[870]	
[475]1,447	[675]	[875]	
[480]471	[680]	[880]	
[485]	[685]	[885]	
[490]100	[690]	[890]	
[495]	[695]	[895]	

[300]DRAKE SOFT			
[305]200512140	200010020051012S00000000000000NNNDYN0N	00	N
[310]400557589DAUGHTER			
[315]			NN19660415
[320]			

Or fiscal year beginning 2005 and ending

2006.

66

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

1 TEST J CADEN

400-00-7523

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

1

PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE

APT. NO.

DAYTIME PHONE:

2 USS ROBERT E LEE

94 HOME PHONE:

89 X

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

3 FPO, AP 96222

82 CHECK ONE if filing under an extension:

4 month extension

82D

X

6 month extension

82F

FOR DOR USE ONLY

F
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- 4 ☐ Married filing joint return
- 5 ☒ Head of household - name of qualifying child or dependent: JASMINE CADEN
- 6 ☐ Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶
- 7 ☐ Single

E
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s

- 8 ☐ 00 Age 65 or over (you and/or spouse)
- 9 ☐ 00 Blind (you and/or spouse)
- 10 ☐ 01 Dependents. From page 2, line A2 - do not include self or spouse.
- 11 ☐ 00 Qualifying parents and ancestors of your parents. From page 2, line A5.

88

81

80

Attach
W-2
to
back
of
last
page
of
the
return.
If item-
izing,
attach
your
federal
Schedule
A and
Arizona
Schedule
A if re-
quired.

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN

12	Federal adjusted gross income	12	62,957	00
13	Additions to income (from page 2, line B13)	13	4,618	00
14	Add lines 12 and 13	14	67,575	00
15	Subtractions. No. from line C27a: 151	15	6,918	00
16	Arizona AGI. Line 14 minus line 15	16	60,657	00
17	17 <input type="checkbox"/> ITEMIZED 17S <input checked="" type="checkbox"/> STANDARD	17	8,250	00
18	Personal exemptions	18	4,200	00
19	AZ taxable inc. Line 16 minus lines 17 & 18	19	48,207	00
20	Compute tax. Use line 19 & proper tax table	20	1,477	00
21	Tax from recapture of credits	21		00
22	Subtotal of tax. Add lines 20 and 21	22	1,477	00
23-24	Clean Elections Fund Tax Reduction.	24	5	00
23	23 <input checked="" type="checkbox"/> YOURSELF 23 <input type="checkbox"/> SPOUSE			
25	Reduced tax. Subtract line 24 from line 22	25	1,472	00

26	Family income tax credit from worksheet on page 14 of instructions	26		00
27	Credits from Arizona Form 301, line 49, or Forms 310, 321, 322, and 323 if Form 301 is not required	27		00
28	Credit type. Enter form number of each credit claimed: 28 3 3 3 3			
29	Clean Elections Fund Tax Credit. From worksheet on page 16 of the instructions	29	25	00
30	Balance of tax. Subtract lines 26, 27, and 29 from line 25. If the sum of lines 26, 27, and 29 is more than line 25, enter zero	30	1,447	00
31	Arizona income tax withheld during 2005	31	471	00
32	Arizona estimated tax payments for 2005	32		00
33	Amount paid with 2005 Arizona extension request (Form 204)	33	100	00
34	Increased Excise Tax Credit from worksheet on page 16 of the instructions	34		00
35	Property Tax Credit from Form 140PTC	35		00
36	Other refundable credits. Check box(es) & enter amount(s): 36A1 <input type="checkbox"/> 329 36A2 <input type="checkbox"/> 330	36		00
37	Total payments/refundable credits. Add lines 31 through 36	37	571	00
38	TAX DUE. If line 30 is larger than line 37, subtract line 37 from line 30 and enter amount of tax due. Skip lines 39, 40 and 41	38	876	00
39	OVERPAYMENT. If line 37 is larger than line 30, subtract line 30 from line 37 and enter amount of overpayment	39		00
40	Amount of line 39 to be applied to 2006 estimated tax	40		00
41	Balance of overpayment. Subtract line 40 from line 39	41		00

42-49	Aid to Education (entire refund only)	42		00	Arizona Wildlife	43		00	Citizens Clean Elections	44		00
	Child Abuse Prevention	45		00	Domestic Violence Shelter	46		00	Neighbors Helping Neighbors	47		00
	Special Olympics	48		00	Political Gift	49		00				

50 Check only one if making a political gift: 501 ☐ Democratic 502 ☐ Libertarian 503 ☐ Republican

51 Estimated payment penalty and MSA withdrawal penalty

52 Check applicable boxes: 521 ☐ Annualized/Other 522 ☐ Farmer or Fisherman 523 ☐ Form 221 attached 524 ☐ MSA Penalty

53 Total of lines 42, 43, 44, 45, 46, 47, 48, 49, and 51

54 REFUND. Subtract line 53 from line 41. If less than zero, enter amount owed on line 55

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C ☐ Checking orS ☐ SavingsX ☒ Payment enclosed. Check the box and attach payment.

55 AMOUNT OWED. Add lines 38 and 53. Make check payable to Arizona Department of Revenue; include SSN on payment.

55 876 00

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2005

JASMINE CADEN	400-55-7589	DAUGHTER	12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

..... TOTAL

A2

1

A3

a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2005

--	--	--	--

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11

..... TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest		B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return		B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return		B8		00
B9	Total federal depreciation		B9	4,618	00
B10	Medical savings account (MSA) distributions. See page 6 of the instructions		B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions		B11		00
B12	Other additions to income. See instructions and attach your own schedule		B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13		B13	4,618	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	2,300	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	2,300	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23	4,618	00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 10 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Other subtractions from income. See instructions and attach your own schedule	C28		00
C29	Total: Add lines C18 through C28. Enter here and on page 1 of this form, line 15	C29	6,918	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D30

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

10-12-2005

YOUR SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode.) If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

00 - 561332 - 07523 - 6

FOR DOR USE ONLY. DO NOT WRITE OR STAPLE IN THIS SPACE.

ARIZONA FORM**AZ-8453****Arizona Individual Income Tax Declaration
for Electronic Filing****2005**

For the year January 1 through December 31, 2005.

PLEASE PRINT OR TYPE.

YOUR FIRST NAME AND INITIAL TEST J	LAST NAME CADEN	YOUR SOCIAL SECURITY NO. 400-00-7523
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO. USS ROBERT E LEE	TELEPHONE NUMBER (optional)	
CITY, TOWN OR POST OFFICE FPO, AP 96222	STATE	ZIP CODE

PART I - TAX RETURN INFORMATION (whole dollars only)

1	Arizona Adjusted Gross Income (e.g. Form 140, line 16. See instructions for others.)	1	60,657	00
2	Balance Of Tax (e.g. Form 140, line 30. See instructions for others.)	2	1,447	00
3	Arizona Income Tax Withheld (e.g. Form 140, line 31. See instructions for others.)	3	471	00
4	Refund (e.g. Form 140, line 54. See instructions for others.)	4		00
5	Amount You Owe (e.g. Form 140, line 55. See instructions for others.)	5	876	00

PART II - DECLARATION OF TAXPAYER - Sign only after completing Part I

- 6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2005 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☒ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 17, 2006, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Preparer (ERP) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2005 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERP or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERP or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERP, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERP, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERP for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERP to release copies of the requested documents to DOR.

Sign Here	YOUR SIGNATURE	DATE	SPOUSE'S SIGNATURE (If joint return, both must sign.)	DATE
		10-12-2005		

PART III - DECLARATION OF ELECTRONIC RETURN PREPARER (ERP) AND PAID PREPARER (See instructions)

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERP Use Only	SIGNATURE OF ERP	DATE	CHECK IF PAID PREPARER <input type="checkbox"/>	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	YOUR SOCIAL SECURITY NO.
	DRAKE SOFTWARE				56-1234567
	FIRM'S NAME (or yours if self-employed)	235 E. PALMER STREET			EIN
	FIRM'S ADDRESS (include zip code)	FRANKLIN, NC 28734			800-890-9500
					TELEPHONE NO. WITH AREA CODE

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	PREPARER'S SIGNATURE	DATE	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	YOUR SOCIAL SECURITY NO.
	FIRM'S NAME (or yours if self-employed)			EIN
	FIRM'S ADDRESS (include zip code)			TELEPHONE NO. WITH AREA CODE

00 - 561332 - 07523 - 6

D1 - 9/22/05

ARIZONA FORM
AZ-140V

Arizona Individual Income Tax
Payment Voucher for Electronic Filing

1000 0184 218	SYS 40
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EPV
2005

Please Type Print or	4 Your first name Spouse's first name Last name		1 Your social security number
	TEST J CADEN		400-00-7523
	Present home address - number and street, rural route		2 Spouse's social security number
	USS ROBERT E LEE		
	City, town or post office State Zip code		3 Amount of payment
	FPO, AP 96222		\$ 876
			POSTMARK

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 17, 2006. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

Do not send cash. Check or money order is to be made payable to the Arizona Department of Revenue. Include your social security number and "2005 Tax" on the check or money order. Attach your payment to this form and mail both to: **Arizona Department of Revenue, PO Box 29237, Phoenix AZ 85038-9237**

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov.	
b Employer identification number 56-1242342			1 Wages, tips, other compensation 1,800		2 Federal income tax withheld 210
c Employer's name, address, and ZIP code WILSONS SUPERMARKET 91 FISH HAWK CT WILMINGTON NC 28403			3 Social security wages 1,800		4 Social security tax withheld 112
			5 Medicare wages and tips 1,800		6 Medicare tax withheld 26
			7 Social security tips		8 Allocated tips
d Employee's social security number 400-00-7523			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name TEST J CADEN USS ROBERT E LEE FPO AP 96222			11 Nonqualified plans		12a See instructions for box 12 Local
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Local
			14 Other		12c Local
					12d Local
f Employee's address and ZIP code					
15 State Employer's state I.D. no. AZ 56420214	16 State wages, tips, etc. 1,800	17 State income tax 20	18 Local wages, tips, etc.	19 Local income tax	20 Locality name